700 INTERNÂL TRANSFER		041 488182
DATE: 4/24/00	FROM: R. STEP AE	DILDINE, JE (print name)
FORWARD TO: A. Art Unit: 273/ B. Class: 370 C Subclass: 352 FURTHER EXPLANATION IF NE	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED: Packet P E	(check box) (check box) (check box)
	٠.	(print name)
DATE:	FROM:	- Print name)
FORWARD TO: A. Art Unit: B. Class:	REASON(S): A. You had Parent B. See Title C. See Abstract	(check box) (check box)
C Subclass:	D. See Claim(s):	
DATE:	FROM:	(print name)
FORWARD TO CLASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract	(check box) (check box)
	D. See Claim(s):	
FURTHER EXPLANATION IF N		
DATE:	CLASSIFIER:	
FORWARD TO: A. Art Unit:	REASON(S): A. You had Parent B. See Title C. See Abstract	(check box) (check box)
B. Class:	D. See Claim(s):	

FURTHER EXPLANATION IF NEEDED: